

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90026 043 ***150.00

60038458



07302006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2590647** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARGOLIN, ALEKSANDR
16208 CORTEZ BLVD
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent

Name **Margolin, Aleksandr**
Street Address (P.O. Box Number is Not Acceptable)

12712 Onstand Lane
City **New Port Richey** FL Zip Code **34654**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARGOLIN, ALEKSANDR	
STREET ADDRESS	1204 AVENUE U, # 1069	
CITY-ST-ZIP	BROOKLYN, NY 11229	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	ELLIS, PAUL	
STREET ADDRESS	1204 AVENUE U, # 1069	
CITY-ST-ZIP	BROOKLYN, NY 11229	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	BINSHTOK, ANDREY	
STREET ADDRESS	1204 AVENUE U, # 1069	
CITY-ST-ZIP	BROOKLYN, NY 11229	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/06 347-328-5758
Date Daytime Phone #